

# CORRESPONDENCE

## Feminisation of the medical profession

**To the Editor:** The recent editorial lamenting the failure of the profession to have become 'gender neutral' mentioned, but did not quantify, the lower productivity of female doctors.<sup>1</sup>

Six years ago, the independent hospitals in Britain organised a conference to discuss the long National Health Service waiting lists. One speaker, a Dr David Whitaker, said, 'The higher proportion of women doctors in Britain could aggravate matters. Female doctors currently work for 65% of their careers while male doctors work for 95%.<sup>2</sup> It consequently appears that the taxpayer, who largely pays for medical education, gets a poor return for his investment in female doctors. At that time I tried, and failed, to find comparable figures for South African doctors and for the other major professions.

We are repeatedly told that there is a shortage of doctors in South Africa and elsewhere. Is it not time, perhaps, for medical schools to reconsider the gender ratio of entrants into the MB BCH programme?

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1. Ncayiyana DJ. Feminisation of the South African medical profession – not yet nirvana for gender equality. *S Afr Med J* 2011;101(1):5.

2. Pallot P. *Weekly Telegraph* 20 - 26 April 2005;(717):36.

## Active euthanasia – potential abuse in South Africa

**To the Editor:** The recent case in the media to motivate active euthanasia is tragic. A doctor dying of cancer in New Zealand, tried to starve herself to death, which suggests that she was deeply depressed, because suicidal ideation 'appears exclusively linked to mental disorder'.<sup>1</sup> Her son, from outside the country, was her lone caregiver and refrained from looking for help in terms of the wording of her 'living will'. He became drawn into her desperation, was not medically trained, and did not consider her to be depressed. At her request, he eventually gave her an overdose of crushed morphine pills that she had hoarded for the purpose. He was arraigned on a charge of murder.

This is a sad story of terminal care gone wrong, and a rebuke to her medical caregivers. Depression identified and properly treated leads to the withdrawal of a request for suicide in over 95% of cases. This case should surely not gain sympathy for an idea that medical practitioners have rejected since Hippocrates.

But surely such abuse can only happen with a government such as Germany had under the Nazis? Eugenics started as a 'good idea' before the Nazis took control. The regulations were initially tighter than those in our own Law Commission's draft regulations on voluntary euthanasia of 2000.

Consider the experience of Holland. In 1973, a physician gave her mother a lethal injection, which became the focus of a national campaign to legalise assisted suicide. In 1981, criteria for voluntary euthanasia for people with terminal illnesses were promulgated, with detailed regulations to prevent abuse. In 1982, voluntary euthanasia was made available for people with chronic illnesses. By 1985, non-voluntary euthanasia was taking place;<sup>2-4</sup> physicians were killing people without their consent on their own initiative or on the request of relatives. In 1989, infanticide for serious birth abnormalities became permitted. Since 1994, euthanasia for mental suffering has been allowed, and by 1997 doctors faced no penalties for not obeying the rules.<sup>2-4</sup> In 2001, euthanasia was bound into law, permitting 16-year-olds to decide on assisted suicide without parental consent. Holland has since lagged seriously behind other European nations in delivering terminal care, and has made infanticide legal.

South Africa is in many ways similar to the unstable Germany of the 1920s. We also have a massive unemployment rate, and have emerged from a warlike state and the severe political violence so spawned. Political assassinations are common in some provinces. We are also experiencing severe cultural stress: 80% of our population is in the process of transition to Western modernism. Our police and justice systems are overwhelmed by high levels of corruption and violence, and cannot even properly pursue the laws governing TOP. Our potential slide down the slippery slope of the abuse of euthanasia legislation would almost certainly be faster than Holland's. And we cannot be assured that our legalising of euthanasia would not be used as a tool for political oppression, which could too easily drift into forms of genocide.

As a profession, we must oppose every attempt to introduce active euthanasia in any form in our nation.

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1. Brown JH, Hentleff P, Barakat S, Rowe CJ. Is it normal for terminally ill patients to desire death? *Am J Psychiatry* 1986; 143(2):208-211.
2. Van der Maas PJ, van Delden JJM, Pijnenborg L. Euthanasia and Other Medical Decisions Concerning the End of Life: An Investigation Performed upon Request of the Commission of Inquiry into the Medical Practice Concerning Euthanasia. Amsterdam: Elsevier Science Publishers, 1992:178-182.
3. Van der Maas PJ, van der Wal G, Haverkate I, et al. Euthanasia, physician-assisted suicide, and other medical practices involving the end of life in the Netherlands, 1990-1995. *N Engl J Med* 1996;335:1699-1705.
4. Van der Wal G, van der Maas PJ, Bosma JM, et al. Evaluation of the notification procedure for physician-assisted death in the Netherlands. *N Engl J Med* 1996;335:1706-1711.

## Erratum

In the 'Drug Alert' entitled 'Recommendations pertaining to the use of viral vaccines: Influenza 2011', which appeared on p. 96 of the February 2011 *SAMJ*, there was an error in Table I. Zanamivir is registered for children aged 5 years or older, and not 12 as stated. The dose remains the same for paediatric patients.